

EXHIBIT 6



DATE 04/27/07

AND ACCIDENT
INSURANCE CO.

107 BRM

VELMA MIDDLEBROOKS

REDACTED

POWDER SPGS GA 30127

IN RE:00J280363

INSURED : VELMA MIDDLEBROOKS

POLICYOWNER : VELMA MIDDLEBROOKS

DEAR POLICYHOLDER:

PLEASE COMPLETE ANY APPLICABLE SECTIONS BELOW. FOR A CHANGE OF BENEFICIARY, THE FORM MUST BE SIGNED BY THE POLICYOWNER.

BENEFICIARY CHANGE - (PLEASE PRINT FULL NAME)

PRIMARY BENEFICIARY Dr. Sherion Moon RELATIONSHIP daughter
 ADDRESS-STREET REDACTED STATE Powder Springs ZIP GA. 30127

CONTINGENT BENEFICIARY None RELATIONSHIP _____

ADDRESS-STREET _____ STATE _____ ZIP _____

I HEREBY REVOKE ALL PREVIOUS BENEFICIARY DESIGNATIONS AND NAME THE BENEFICIARY(IES) AS LISTED ABOVE AS OF THE DATE SIGNED.

DATE 5/2/07 SIGNATURE OF POLICYOWNER AND RELATIONSHIP TO INSURED Velma M. Hinton Mother

AREA CODE 678 TELEPHONE NUMBER REDACTED

INSURED NAME CHANGE-THE NAME OF THE INSURED HAS BEEN CHANGED TO _____

DO NOT SEND POLICY

REQUEST FOR ADDRESS CHANGE -

CHANGE ADDRESS FOR FUTURE CORRESPONDENCE AND BILLING.

PREMIUM PAYOR Myself or my daughter (Dr. Sherion Moon)

STREET ADDRESS REDACTED

CITY AND STATE Powder Springs, GA ZIP 30127

112



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